

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Snouffer, Cely (ARCH)	CHAPTER 100.1
Address: 712 Hoomalimali Street Pearl City, Hawaii 96782	Inspection Date: August 1, 2019 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA